

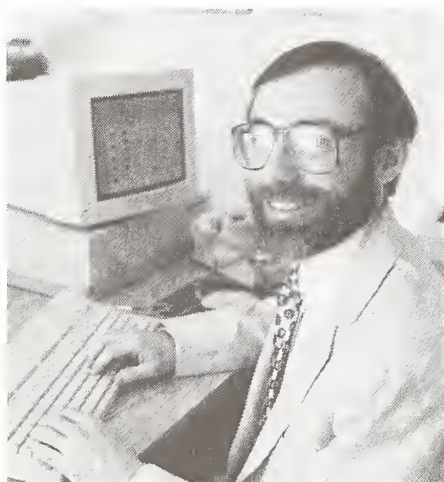
News

September 1990

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Office of Education comes to the Clinical Center



Dr. Michael Fordis will head the Office of Education

By Jim Alexander
Michael Fordis

The National Institutes of Health has established an Office of Education that is responsible for the coordination of a broad range of educational programs and initiatives that impact on the development and recruitment of M.D.'s, P. h.D.'s and other postdoctoral trainees. Organizationally, the office is located within the Office of the Deputy Director for Intramural Research, Office of the Director, NIH. Since the Clinical Center is the hub of the intramural program, a decision was made to locate the Office in Building 10. It is currently in 1C-227 and 1C-292, but will soon be relocated to newly renovated space in 1C-129.

The Office of Education is primarily responsible for the coordination of broad innovative recruiting efforts, including scientific journal advertising, visiting schools, manning booths at scientific and clinical meetings, and conducting data collection and analyses related to

recruitment activities. The office is also responsible for the planning and development of programs designed to encourage young people to consider scientific careers.

Three programs that were formerly part of the Clinical Center's Office of Special Programs have been transferred to the Office of Education. They are the Clinical Associates Program, Clinical Electives Program and Summer Research Fellowship Program for medical and dental students. Two former Clinical Center employees, Jim Alexander and Vicki Malick, who were responsible for these programs, are now also working in the Office of Education.

The current staff consists of The Director, Dr. Michael Fordis, a former NCI investigator, who was recently named to this post by Dr. J.E. Rall, NIH Deputy Director for Intramural Research; Mr. Alexander, and Ms. Malick. Additional Staff will be added when space becomes available after the move to the new location.

According to Dr. Fordis, the Office of Education is also involved in developing a number of new model programs that they hope will have a positive impact on the total pool of scientific talent. The office is interested in identifying people at early ages. "We want to establish a pipeline that will bring young people into science," says Fordis. The office is responsible for the administration of two programs that provide research training opportunities for high school students. The Sobel Summer Research Scholarships Program provides laboratory experience at the NIH for outstanding high school students in the Washington, D.C. metropolitan area. The Sobel Research Scholarship Program was originally established in 1988 with support from a bequest to the

NIH from the late Norman Tyler Sobel. This program is now being supported by the Howard Hughes Medical Institute. Participants are selected from a pool of applicants that are nominated by high schools in the metropolitan area. The office administers another program funded by The Howard Hughes Medical Institute that enables students and science teachers from two Montgomery County High Schools to spend the summer in NIH research laboratories and continue those experiences part-time during the academic year. This program gives students the opportunity to see the process of science and to learn how it works. "Particularly

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Drug testing at NIH

In accordance with the an executive order, the Department of Health and Human Services (HHS) has developed a plan for a Drug-Free Workplace. The plan includes random drug testing of a pool of positions that have duties directly relating to public health and safety, protection of life and property, law enforcement, national security or public trust. These positions are called Testing Designated Positions (TDPs).

Random drug testing at the National Institutes of Health began in July. Of HHS's 123,000 employees, approximately 8,600 with sensitive positions will be included in the random testing pool. Approximately 900 people, ten percent of the random pool, will be tested each year. Anyone who occupies a TDP will be notified in writing at least 30 days before the start of testing that his or her job position has been selected as a TDP, and that he or she is in the random testing pool. A computer

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Letters to the editor . . .

Sincere thanks to 6D

Recently I was a patient at the NIH where I underwent various tests for Alzheimer's disease. I wish to commend Dr. Mark Shapira and his entire staff for the outstanding treatment and support received during my stay at the Institute. It couldn't have been better.

I also express my sincere thanks to Ms. Kathryn McKeon, the chief nurse, and all the other nurses who work on 6D. They were not only professional in their work, but they also showed compassion and concern during their around-the-clock duties.

It was very rewarding to have such outstanding treatment during my two week stay at NIH.

Most Sincerely,
Wendall S. Black

Rehabilitation Medicine shows remarkable concern for patient

It is with great pleasure that I write of my recent experiences in the department of rehabilitation medicine. The compassionate concern for my well-being has been nothing short of remarkable. This is particularly true of Director Lynn Gerber, M.D., and Suzanne Pickering, O.T.R., staff occupational therapist. Without question, their concerted efforts on my behalf have allowed me to remain employed while learning to manage my illness.

Sincerely,
Mary Weideman

CC commended for effort

On behalf of Mrs. Irja A. Lowe, her family, members of our congregation, and the undersigned, we wish to express appreciation for all that was done for Mrs. Lowe while she was a patient in the Clinical Center. Your entire professional staff and all those who assisted them are commended for the effort they put forth. They showed sensitivity, love, and kindness to Mrs. Lowe while providing her with their best medical expertise. Their effort is a credit to their profession.

Sincerely Yours,
Bishop
Donald Hornada

Patient grateful for 'expert care'

The dedication of the doctors, nurses and clerical staff at NIH was unsurpassed in my experience. They demonstrated outstanding expertise and graciously gave of their time and assistance emotionally as well as professionally. I went to NIH in hopes of helping my father with his bout with cancer. Although he eventually passed away while at the hospital, my family and I feel indebted to the people there for their kindness, accommodation and obvious concern.

Sincerely,
Phyllis Sciacovelli

Patient grateful for 'expert care'

I wish to express my appreciation to the medical and nursing staff of 9-West for the expert care I received. Many times in my life I have been in the hospital, but never have I received the care and kindness which was shown to me at the NIH. Such kindness was especially important for me as one who came here from another country and knew not what to expect regarding my illness and treatment. I wish to recognize Dr. Fernando Cassorla and Dr. Jack Yanovski for their expert medical care. They, with Dr. S. Marx, have provided me with the treatment and the knowledge which will enable me to lead a normal life. For this I am very grateful.

I wish especially to recognize the dedication and ability of my primary nurse, Catherine Rupinta, who not only gave me expert nursing care, but always provided me and my family with support and knowledgeable answers throughout my hospitalization. I can say without qualification that Mrs. Rupinta has been not only the most knowledgeable nurse, but also the most compassionate and giving to me and my family. She was always attuned to my medical and emotional needs, and provided not only expert professional care, but genuine compassion and friendship for me as well as my family.

It is my good fortune to have been a patient in your hospital. For such exceptional treatment as I have received, I can say with much sincerity that your Institute's renown is well deserved. Thank You.

Sincerely,
Ramiro Morales, Ph.D.

HHS

Employee of the Month:

Connie Siess

Connie Siess has had a long career of outstanding service in the Government. However, she went well above and beyond her routine duties in support of the newly established Wegener's Foundation. As Head of the Medicolegal Section, Siess was contacted in 1986 to establish a support group for patients with Wegener's Granulomatosis. Such a request was quite unusual in terms of requirements to maintain patient confidentiality, while at the same time providing critical support for Clinical Center Wegener's patients. Mrs. Siess did not hesitate to obligate herself outside of her routine duties in support of this project. Over the succeeding years, she has worked diligently in contacting patients, providing information, and serving as a contact point for communication. In part due to Siess's efforts, the Wegener's Foundation was formally established in Maryland last year.

CC News

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Bldg. 10's modernization and improvement program: What is ahead in the next two decades

By Hilda Madine-Majia

What's going to happen to the Clinical Center? One thing is certain—there will be changes—and “almost nothing will be quite the same as it is now.”

Dr. William Raub, Acting NIH Director, addressed a multitude of questions and concerns about the “future or futures” of Building 10 during a casual one-and-a-half-hour talk to the building's occupants on June 28. Raub was joined and assisted by George Williams, Acting Deputy Director of Division of Engineering Services (DES), John Jenkins, Project Director in DES, and three architectural/consulting firm representatives. Williams and Jenkins are the focal points within the NIH staff for the planning and coordination. The three firms (architectural and engineering, health care, and laboratory) have been retained on a consulting basis.

“The focus of this enterprise is on the future,” says Dr. Raub. “If NIH is to remain first—number one in biomedical research—and make the contributions necessary to the health of people everywhere, obviously management and administration must attend to many things.

“Salaries, quality of support services, parking problems, and quality, utility and safety of the buildings that our staff occupy are high on everybody's list and

nothing is more important or more complex than Building 10,” Raub continues. “For many people, the Clinical Center is the intramural NIH. In the juxtaposition of beds, hospital services and laboratories, NIH has found the key to scientific advances that over the years are second to none. Therefore, to the extent we ignore Building 10, its needs and requirements, we literally risk the future and almost guarantee NIH's decline. We are, therefore, committed to facing up to the variety of problems associated with Building 10 and to think through clearly and systematically the things that must be done.”

One of the first centrally air conditioned hospitals, the Clinical Center has undergone renovations almost continually since its dedication in June 1951. “...it was done with the technology of the time. It was done for the needs of the expectations of the time. Most people in the business would agree it has been a marvel not only in its immediate utility but in how it has served over the years as the requirements and the opportunities in biomedical science have changed,” noted Raub.

Previously, Raub has referred to the Clinical Center as the hospital. And it was not until he talked about the Improvement Program that he realized it (CC) is “not a hospital with laboratories around it, it is a laboratory with a hospital inside of it.”

The population of Building 10 has increased greatly over the years. One of

the major problems is the growing demands put on the building by this increased population, which has resulted in heavy usage of central services.

Raub expounded on the safety and health concern of patients and employees of the building—problems surrounding removal or control of asbestos biohazards, toxic hazards and hood exhaust.

In lieu of the fact that the original centralized systems are still in use, Raub said “there is increasing difficulty and in some areas an absolute inability of central systems to carry the current loads—much less the increased loads projected for the future.”

Raub continued, “some consultant groups did a study in 1988 clearly showing there are serious problems with laboratory ventilation, air conditioning, plumbing and piping systems. The requirements for electrical services are far beyond anything that could have been envisioned in the 1950's. It will cost and estimated \$400-800 million to renovate the outdated and overburdened central utilities. Substantial coordination and planning are required if we are ever to justify that level of investment in these facilities.”

It is apparent there are no simple solutions, and half measures will not work.

“This is a very long program with multiple phases of construction,” says Raub. “We are looking at 10 to 15 years, and flexibility must be the key. It will be

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for young people, there is no better way to discover science than to do it,” says Fordis. The office hopes to become involved in programs at the elementary and middle school level that will make science exciting for students and stimulate them to pursue careers in research.

The office has the lead role in developing the NIH International Medical Scholars Program which will permit foreign physicians to come to the NIH for training as Clinical Associates in the Clinical Center. “We would like to widen the global network of research exchange,” says Fordis. In addition, the recruitment of minorities and women into biomedical research will be a high priority. ■

DRUG TEST continued from page 1

she is in the random testing pool. A computer program makes random selections of HHS employees in TDPs.

When an employee is selected for random testing, the HHS Drug Program Coordinator (DPC) will contact the employee's first-line supervisor directly to make arrangements for the test. The supervisor will be instructed to notify the employee of the selection for random testing. Employees selected for random testing will be given excused absence for the drug testing appointment. The supervisor should coordinate any necessary travel arrangements with the employee, including reimbursement of expenses.

All test results will be tightly controlled and may only be disclosed to specific individuals. Any specimen that

indicates drug use is retested using a more rigorous procedure. If the second test is also positive, the specimen has produced a confirmed positive test result. Employees with confirmed positive test results will be referred to the Employee Assistance Program (EAP) for counseling and rehabilitation. The EAP was set up to help employees with a wide range of drug, alcohol, and mental problems. The EAP offers assessment, short term counseling, and referral services, and monitors the progress of employees in treatment.

The drug testing program will test for marijuana and cocaine. Operating Division and Staff Division Heads may request permission from the Secretary to test for opiates, amphetamines, PCP, or other drugs. For more information call 496-3164. ■

MFP lecture series begins Sept. 25

The 1990 "Medicine for the Public" lecture series begins its 14th season this month. The series of free lectures by NIH physicians on health, disease, and the human body is held 7-8 p.m. on Tuesday evenings in the Masur Auditorium. For more information, call the Office of Clinical Center Communications at 496-2563. This year's lectures are as follows:

September 25—Dr. Michael A. Kaliner, head of the Allergic Diseases Section, NIAID, discusses **Allergic Diseases**. He explains different types of allergies, including symptoms, preventive measures, and new treatments.

October 2—Dr. William Theodore, chief of the Clinical Epilepsy Section, NINDS, discusses seizure disorders. Millions of Americans at some point in their lives will suffer from this condition. In his talk, **Understanding Seizure Disorders**, Theodore discusses the latest medical advances in understanding epilepsy, as well as successful treatment options.

October 9—Dr. Henry Masur, chief of the Critical Care Medicine Department, CC, addresses treatment options for Acquired Immunodeficiency Syndrome. In his talk, **AIDS: The Benefits of Early Intervention**, Masur examines the effects of early treatment for AIDS patients.

October 16—Dr. Peter Greenwald, director of the Division of Cancer Prevention and Control, NCI, speaks on **Diet and Cancer**. Greenwald explains the role diet plays in the prevention and development of cancer. He also discusses "designer foods", NCI dietary guidelines and current research.

October 23—Dr. Bruce D. Weintraub, chief of the Molecular, Cellular and Nutritional Endocrinology Branch, NIDDK, discusses **Disorders of the Thyroid Gland: Facts and Myths**. Ten to 20 percent of women over 40 have some type of thyroid disorder, but only 10 percent of these women show any symptoms.

October 30—Dr. Susan E. Bates, senior clinical investigator of the Medicine Branch, NCI, discusses the leading cancer killer for both black and white women—breast cancer. One out of every ten women in America will get this disease at some time in her life. In **Breast Cancer: What Every Women Should Know**, Bates discusses crucial areas of growth factors and multidrug resistance in breast cancer.

November 13—Dr. Lawrence Shulman, director of NIAMS, discusses **Lyme Disease**. In his lecture, Shulman discusses the deer tick that causes this disease, symptoms, treatments available and preventive measures that can be taken.

November 20—Dr. Norman E. Rosenthal, chief of the Unit of Outpatient Services, NIMH, looks at seasonal affective disorder. In his lecture, **Coping with the Changing Seasons**, Rosenthal explains how changes in the weather and season can alter the brain's chemistry, thereby affecting the way one eats, sleeps and copes with

New Chief appointed in Communications Office



Colleen Henrichsen, Chief Clinical Center Communications

Colleen Henrichsen was appointed Chief, Clinical Center Communications on July 30, 1990. She comes to the Clinical Center from the Division of Computer Research and Technology (DCRT) Information Office, where she served as Chief. She was with DCRT for two years. Prior to that, Ms. Henrichsen was with the Office of Clinical Center Communications from 1986-1988, where she served as Deputy Chief. Henrichsen brings with her a great deal of experience and knowledge and we are happy to have her back on board.

Much appreciation goes to Maureen Stoppenbach who served as Acting Chief of Clinical Center Communications for the past six months in addition to her regular responsibilities as Assistant Hospital Administrator. ■

RENOVATION continued from page 3

critical (even more so into the next century) to design the building with the expectation that it will change, if not continually, almost continually to meet future needs."

Many areas will be vacated for renovation—some for periods up to 24 months. This will require surge space to be built or leased either on or off campus, resulting in occupants being relocated once or even twice.

In addition to support from consulting firms and DES, the planning effort is being carried forward by an executive board and the steering committee chaired by Raub.

Raub noted that this was the first in "a series of large group forums where everybody is welcome to share ideas and concern. We're intent on keeping NIH the best, and a critical part of that is making sure building 10 fulfills all the functions that it should. We're going to be doing that in every way we know how." ■

Pharmacy department brings aboard two new chiefs

Dr. Laurence Green, Deputy Chief, Pharmacy

Dr. Laurence Green has recently been appointed Deputy Chief of the CC Pharmacy Department. Green comes to the Clinical Center from Johns Hopkins Hospital, where he was director of Oncology Pharmacy and Assistant Director of the Pharmacy. Dr. Green received his Pharm.D. degree from the University of California, San Francisco, and has had post-graduate clinical pharmacy training at the State University of New York, Buffalo, New York.

Green says he entered pharmacy because "pharmacy could play a role to make a difference in patient care." He says he came to NIH in part due to the reputation of the pharmacy department and because of the opportunity for

personal and professional growth.

"There are a lot of unique things going on here," Green says. "The commitment of the investigators here is very special."

Green arrived at the Clinical Center July 30, 1990. As the chief operating officer, Green serves as an advisor and consultant to the Chief of the Pharmacy Department, Joseph Gallelli, on such matters as program planning, budget formulation, and equipment needs, for example. He is responsible for giving administrative guidance to inpatient, outpatient and clinical pharmacy programs.

"I see part of my job as giving our managers information they need to make the right decisions," says Green.



Dr. Laurence Green, Deputy Chief, Pharmacy Department

Dan Keravich, Chief, Pharmacy Service Section.



Dan Keravich, Chief, Pharmacy Services Section

A new Chief has also been named for the Pharmacy Service Section of the Pharmacy Department. Dan Keravich has been with the Clinical Center since mid-December 1989. He previously held the position of Manager of Pharmacy Service for the Greater Baltimore Medical Center. Mr. Keravich attended Northeastern University and received his masters degree at Massachusetts's College of Pharmacy. Mr. Keravich his residency program at Brigham and Women's Hospital, in Boston, Massachusetts.

Mr. Keravich will be responsible for

inpatient operations and will supervise about 46 employees.

"I am very interested in the integration of staff pharmacists," says Mr. Keravich. He adds that he was attracted to the Clinical Center by the aura of working for NIH. "I enjoy working on the cutting edge of technology," says Keravich. "There are a lot of diverse issues that provide challenges and opportunities."

"The Clinical Center pharmacy department is a lot more complex than a regular pharmacy," says Keravich. "I am

Patient Education Perspectives: New Publication Update

A variety of new publications have been published by Clinical Center Communications and the Nursing Department covering subjects as diverse as introductions to patient care units, disease-specific information, and talking to children about death.

The following patient care unit orientation booklets are now in use:

- *Welcome to 8 East* by the 8 East nursing staff (heart and lung nursing service)
- *Welcome to 9 D* by Mildred Wilson and Tanya Townsend of the AACHE nursing service
- *Welcome to 10 East* by Babbie

Babilonia. Since 10 East treats patients with impaired vision, the text was printed in larger type than usual.

Craig Cochran and Roxanne Schock of the AACHE nursing service collaborated on two booklets to help patients learn the etiology and treatment options for insulinomas and hyperparathyroidism: *Understanding Insulinomas* and *Understanding Hyperparathyroidism*.

Staff of 8 East also worked together to translate the booklet *Managing Your*

Hickman Catheter into Spanish. *Como Utilizar El Catéter Hickman* was produced by Sara Bekerman de Moreno, Olga Núñez, and Priscilla Rivera.

Finally, Donna Wilson and June McCalla teamed up to produce the booklet *Talking to Children about Death*. This publication was originally printed through the National Institute of Mental Health. Wilson, with the CC Social Work Department and McCalla, with the CC Nursing Department, revised the booklet to reflect the needs of CC patients.

If you would like copies of these booklets, please contact the staff



Jennifer Price, the 1990 Asthma and Allergy Foundation of America Poster Child displays a Camp NIAID T-shirt presented to her at the recent dedication of the NIAID Asthma and Allergic Diseases Center located in the NIH Clinical Center during National Asthma and Allergy Awareness Week. Looking on are (L to R) Dr. John Gallin, Director of the Division of the Intramural Research, NIAID; Dr. Anthony S. Fauci, NIAID Director; Dr. Michael A. Kaliner, Head of the Allergic Diseases Section of the NIAID Laboratory of Clinical Investigation; and Dr. Dean D. Metcalf, Head of the Mast Cell Physiology Section of the LCI.

SEPTEMBER CALENDAR OF EVENTS

5 Grand Rounds, 12 noon- 1p.m.
What Makes the Heart Hurt?,
Dr. Richard Cannon, NHLBI
Breast Cancer: Physician or Surgeon?, Dr. Patrick Forrest, NCI.

14 R&W trip to Atlantic City,
Taj Mahal Casino.
\$25, Bus leaves NIH Bg. 31C
at 7a.m. and returns around 9p.m.
For more information call 496-4000.

23 R&W trip Deep Sea
Fishing on the Chesapeake
Bay—\$38, 8 hours.
Includes bait, tackle, fishing license,
lunch—bring your own beverages.
Beginners— experts welcome. Call
496-4600 for more information.

12 Grand Rounds: 12 noon-
1p.m.
*Clinical and Molecular Aspects of
Inhalation Anesthetic toxicity*, Dr.
William Kammer, CC
Prevention of Genital Herpes, Dr.
Stephen Straus, NIAID.

19 Grand Rounds: 12 noon-1p.m.
*Chick Pineal Cells: A
Circadian Clock in a Dish*, Dr. Martin
Zatz, NIMH
*Raynaud's Syndrome: The French
Tricolor*, Dr. John Klippel, NIAMS.

25 MEDICINE FOR THE
PUBLIC 7p.m., Masur
Auditorium, Clinical Center.
Allergic Diseases, Dr. Michael
Kaliner, NIAID
For more information call 496-2563.

26 Grand Rounds: 12 noon-
1p.m.
*Clinical Potpourri: A string of
Pearls*, Dr. David Henderson, CC.

